



Incident Data Collection Report

(3) RPV Incident Number:

(4) Local Incident Number:

(1) Time:

(2) Date:

(5) DCS Information (select one)

Flash: Yes No

Priority: Yes No

Routine: Yes No

(6) CERT Information

Number of:

Deceased

Immediate

Delayed

Minor

(7) Location of Incident

Address

Street

City

(8) Reporting Operator

First Name

Last Name

Call

DCS/PVAN/CERT

(9) Reporting Volunteer

First Name

Last Name

Phone

Address

Street

City

(10) Incident Details (check appropriate boxes)

Frail Elderly

Gas Main Break

Gas Leak in Structure

Injured People

Gas Main Break/Fire

Animal Injury

Structure Fire

Flooding

Hazardous Material

Tree Down

Mud Slide

Sewer Damage

Road Out

Broken Water Pipe

Power Lines Down

Phone Outage

Animal Stranded

Traffic Signals Out

Building Damage

Stop/Road Sign Down

(11) Other Information